

FOIL Request

City of Ithaca
New York

Submission Date

Last Name * (?)

Maass

First Name * (?)

Dave

Organization (?)

Muck Ruck

Phone Number * (?)

607-555-1234

(example: 607-555-1234)

Your Email address *

65998-51814653@requests.muckrock.com

Your Email address (please confirm) *

65998-51814653@requests.muckrock.com

Address Line 1 (?)

411A Highland Ave

City

Somerville

State

MA

Zip Code

65998

Representing (e.g. Self) (?)

Upon whose behalf are you making this request?

FOIL Request

Information Requested * (?)

see attached request for multiple types of documents, policies, etc. for the City of Ithaca Police Department.

Please be specific and include dates, name, etc.

Failure to fill out this form completely may impede the City's ability to respond to your request.

Signature *

Sarah L. Myers